



Patient Financial Policy

PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE RENDERED

- ALWAYS present your insurance card upon arrival. We contact your insurance provider to determine your coverage status at the time of service.
- We submit claims to insurers and ask that you promptly pay applicable co-pays, co-insurances, or deductibles at the time of the visit.
- The responsibility for payment of services rendered to any minor children rests with the parent or guardian who seeks treatment.
- *Your insurance policy is a contract between you, your employer (s), and your insurance company. Please check with your insurance carrier about your specific policy, co-pays, and deductions.*

NOTIFICATIONS OF CHANGES

- You are responsible for informing our office of any insurance, address, or contact information changes. If your insurance is found to be inactive at the time of service, self-pay charges will be applied to your accounts.

NEWBORN CHARGES

- New parents are responsible for notifying Tiger Pediatrics with the child's insurance information. Your infant will not be automatically enrolled into your insurance until you notify them of birth. As a courtesy to new parents, we allow up to 30 days for you to notify your insurance carrier. After this time, you will be billed for balances due.
- Recheck appointments are assessed the same co-pay as other office visits.

METHODS OF PAYMENTS

- We accept cash, personal checks, VISA, MASTERCARD, DISCOVER, and debit cards. There is a \$25.00 service charge for returned checks.
- Any unpaid amounts sent to a collection agency are subject to an additional 25% collection fee.

MISSED APPOINTMENTS

- Missed appointments represent a cost to Tiger Pediatrics, and to other patients who could have been treated in the time set aside for your visit. Cancellations are requested within 24 hours of appointment. Excessive missed appointments may result in a discharge from our practice.

AFTER HOURS AND WEEKEND CHARGES

- All appointments scheduled after 5 p.m. or on Saturday will be charged an additional fee.

If you have any questions regarding our office policies or fees, please do not hesitate to call us at (573) 777-7627

I have read the above and agree to comply with the Tiger Pediatric Patient Financial Policy:

Patient name (please print) _____ Date of Birth _____

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Legal Guardian (print): _____ Date: _____

Legal Guardian Signature: _____